STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Health Care Financing

## WHAT TO BRING WITH YOU

Eligibility for Wisconsin Works (W-2); Child Care Assistance (CC); FoodShare Wisconsin (FS); Elderly, Blind or Disabled Medicaid (EBD), BadgerCare Plus (BC+) and Caretaker Supplement (CTS) cannot be determined until you give proof of certain required information. Suggestions for ways to show proof and which programs require that proof are listed below. Bring as many items on the list as you can to your interview. If you do not cooperate in providing the information or proof we need, your application may be denied. Tell us what items you are not able to get so we can help you get them. Depending on your situation, you may be asked to give proof of items not listed below. Your worker will give you a list of other proof that is needed.

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3400 or (866) 864-4585 TTY (Toll Free).

√= proof required

\* = proof required if self declared information deemed questionable

		Program(s) Proof Requirement						
Required Information	Suggested Ways to Give Proof	EBD	BC+	FS	CC	CTS	W-2	
Social Security Number (SSN)	Social Security card, award letter from Social Security Administration, or receipt for SSN application	Self-declared			1	1	<b>√</b>	
Citizenship, Alien Status	Passport, certificate of naturalization or citizenship, Birth certificate, adoption papers, alien registration card, US Immigration form I-94, military ID card, hospital or medical records, nursing home admission record	<b>V</b>	<b>V</b>	*	V	1	1	
Identity	State or Territory Driver license, school records, certain U.S. American Indian or Alaska Native tribal documents, Written Affidavit (form HCF 10154), U.S. Military card or draft record, U.S. Coast Guard Merchant Mariner card, identification card issued by state, federal or local government agency	<b>V</b>	√	<b>V</b>	V	<b>V</b>	<b>V</b>	
Age and Relationship	Birth certificate, adoption papers, alien registration card, hospital or medical records, baptismal certificate, school records or ID, court records, marriage certificate, divorce or separation papers or death certificate	1	<b>V</b>	1	V	1	7	
School Enrollment or Other Status	Letter from school, report card, diploma, GED certificate or high school equivalency diploma			*		*	7	
Monthly Rent or House Payment	Current rent receipt with landlord's name and phone number on it, lease or mortgage papers, real estate property tax statement, homeowner's insurance statement	*		1				

Proof Needed	Suggested ways to Give Proof	Program (s) Requiring Proof							
		EBD	BC+	FS	CC	CTS	W-2		
Monthly Utility Expenses	Current utility and phone bills or statement from utility company	*		7					
Savings Accounts	Current credit union or bank statements	1					1		
Checking Accounts	Current credit union or bank statement	<b>V</b>					1		
Insurance Policies	Life insurance policy and the insurance company's statement on the policy's current cash value	<b>V</b>					<b>V</b>		
Burial Assets	Burial trust agreements, contract or deed for vault, casket or plot, and statement showing current value	<b>\</b>							
Trust Funds	Trust agreement or court order	1			√		1		
Other Savings or Investments Certificates of Deposit, Retirement Accounts (including IRA and KEOGH accounts), Stocks or Bonds	Statement from stockbroker, copy of bonds, or current bank, credit union or savings and loan statement	√					√		
Real Estate	Deeds or titles, real estate receipts or tax records and statement of current value from local business	√					<b>V</b>		
Vehicles - cars, trucks, boats, campers, snowmobiles, and other motorized vehicles (For Medicaid, only if household owns more than one vehicle)	Car title or registration, written statement from car dealer, loan papers or sales receipt, or State Division of Motor Vehicle statement	√					1		
Earned Income	All check stubs received in the last 30 days or signed statement from employer that includes gross earnings and pay dates expected in for the next 30 days, Employer Verification of Earnings form	√	1	1	1	1	1		
Earned income (self employment)	Most recent income tax returns (including Schedules SE, F, or C) or bookkeeping records	<b>V</b>	1	<b>V</b>	1	1	1		
Child Care Expenses	Signed statement from the child care provider or receipts and bills			1					
Student Loans, Grants, Scholarships and Fellowships	Financial aid award letter or receipt from the financial aid office showing date aid received and amount	1			1				
Unearned Income: Unemployment Insurance Disability Insurance, Social Security, Retirement, Veteran's Benefits, Military Allotments	Award letter or copy of last check	<b>V</b>	1	1	1	1	V		
Child Support (Received or Paid in a state other than Wisconsin)	Court order or payment record from other state	1	1	1		1	√		

		Program (s) Requiring Proof					
Proof Needed	Suggested ways to Give Proof	EBD	BC+	FS	CC	CTS	W-2
Pregnancy	Statement from doctor with estimated due date		1				
Incapacitation	A doctor's statement			√			
Property: Land, Stocks, Bonds, Cash, Vehicles, etc. sold, traded, transferred or given away in the last 36 months	Deeds, sales agreement, contract or title, or dated and signed sales slip	٧				1	
Guardianship/Power of Attorney	Court orders, POA Agreement	1	1				